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Fragmentation in the Health Services:
The Problem and its Solution

As many of you here today know, public health has long been a prime concern of mine. Even before I had the honor to serve on and then chair the House Health, Education, and Welfare Appropriations Subcommittee, the methods and problems of public health long interested and sometimes disturbed me.

I am, therefore, most grateful for this opportunity to speak with you men and women who have foregone the material rewards of private medical practice, to undertake careers in what I believe to be a more broadly challenging and gratifying branch of medicine--public health.

Yet, the service of public health--as all of you well know--does present its own peculiar frustrations. Chief among these are those caused by fragmentation--the dispersal of health services among many different government agencies.

Fragmentation has led to the confusion of those seeking health services, a decrease in the quality of those services, and the delegation of health functions to agencies neither created for these purposes, nor staffed by persons qualified to administer them.

But fragmentation, unlike many other problems encountered in the health professions, is manmade--and so can be "man-undone." I know that your association has been in the forefront in the drive to reverse fragmentation that has already occurred and to prevent the further dispersal of health services. Unlike many who also deplore fragmentation, but do little but talk about it, the American Association of Public Health Physicians has been particularly active in working with government and private health agencies to remedy fragmentation situations which often border upon the scandalous.

In a recent issue of The Bulletin of your association there was a fine editorial by Dr. Ben Freedman who has been unusually astute in pin-pointing some of the real reasons why fragmentation has occurred.

I was particularly interested to see that Dr. Freedman laid the chief blame for fragmentation at the door of the physician himself. As he recalls, when state and local governments began to develop medical service programs, shortly after World War I, the medical profession, carrying out the feeling of the American Medical Association hierarchy, turned its head when called upon for guidance and support. As Dr. Freedman pointed out, even public health physicians shared the apathy of their colleagues in private practice out of professional sympathy or fear of ostracism.

Local governments and voluntary health groups were then forced to turn to other, non-medical sources for support--and they got it.

It is a credit to your organization--which for over two decades has promoted the cause of public health--that it has elected a leadership perceptive enough to acknowledge these truths and courageous enough to admit them publicly.

And, I am glad to say, in recent months there has been a heartening indication that even in the AMA doldrums, a fresh wind is stirring. After spending millions of dollars opposing Medicare, the AMA has accepted the facts of life and has indicated that it will cooperate with the plan. The AMA has been even more conciliatory with the new heart disease, cancer, and stroke program and helped work out a compromise version which is now law.

All of this is encouraging to me, for, as your own president has said, it is not too late for the medical profession to regain its former influence and to reassume leadership in the public health field. If the admission of a mistake is to be considered a first step in this direction--as I truly believe it is--then your profession is at last on its way to constructive corrective action.

But--many of you may ask--how will this leadership be regained? What is the way to regain lost prestige?

That is what I would like to briefly discuss tonight. For right now the time is ripe for the medical profession to reassert itself. As a result of new far-reaching federal public health legislation--physicians now have a golden opportunity to again take up the reins of leadership.

The Medicare program is one example. The provisions of the Medicare act specifically charge the state departments of health with the responsibility for accrediting hospitals and nursing homes for the program. Here is a ready-made opportunity for leadership in one of the boldest public health programs ever enacted. Physicians must not fail to assume this leadership now, or--as history has shown us--someone else surely will.

Medicare itself is a great force against fragmentation for it takes the care of our elderly out of the hands of local welfare departments. Under Medicare, elder citizens do not have to prove need or indigence to qualify for medical services. Under Medicare it is the physician who makes the decisions. To begin with, the physician determines if hospitalization is needed. It is the physician's duty to see that essential services are provided, once the patient is admitted. It is the physician who determines the proper length of his patient's stay.

I emphasize that these are the duties of the physician and no one else.

Another national program which affords great opportunities for the medical profession to reassume leadership and prominence, has only just recently been signed into law.

I speak of the national program to establish regional arrangements for research, diagnosis, and treatment of the three major killer diseases: heart disease, cancer, and stroke.

As you will remember, the impetus for this program came from the report of a commission appointed by the President of the United States. This commission, chaired by and made up in part by some of this nation's most distinguished physicians was charged with assessing the current state of medical knowledge and its potential application for our continuing war on disease. Based on this assessment and on bold, imaginative thinking, the commission then formulated a broad plan of attack.

As never before, the medical profession is being called upon for its wholehearted support and cooperation. I am not speaking merely of cooperation between community physicians and administrators in Washington--though this often-sought working relationship is always essential.

But, I also refer to cooperation among the various elements of the medical profession itself, on regional and local levels-- cooperation between physicians in private practice and those in public health; and cooperation among medical schools, hospitals, state health departments, and state medical societies. In fostering this spirit the killer disease program offers great promise of bringing together the so-called opposing poles of "town and gown."

The machinery has been set up. All that remains is for old animosities to be buried--petty jealousies to be set aside-- and for a return to the old-fashioned idea of service to humanity.

I am proud that in my own home region of New England, progress toward this end has already been made. The Bingham Associates Program has been active for a number of years in New England in establishing relationships between the Boston Medical Center and community hospitals in other parts of New England. The Vermont state health department has already begun making arrangements with local medical schools to work out the details of a killer disease program.

But, as much as I take pride in these achievements, such progressive thinking is far from common. The State health departments are still not in close partnership with academic medicine and the major hospitals within the states. To my knowledge, North Carolina and Virginia are about the only states outside New England where similar progress is underway.

In calling upon physicians to rally under the banner of these new and exciting national health programs, I do not mean to imply that we should abandon efforts to correct the fragmentation in areas not embraced by Medicare and the killer disease programs.

Far from it. Like all of you, I am appalled by the situations which exist in the organization and administration of health services in many of our communities. I know well of instances where families in desperate need of quick medical attention are shunted around from agency to agency--many of which are staffed with personnel who do not have the slightest concept of medical care requirements. I am also aware of the negligence of many hospitals in reporting cases of persons treated by them for communicable diseases, such as tuberculosis and syphilis, to local public health authorities.

The efforts of your association, the American Public Health Association, and the Association of State and Territorial Health Officers to remedy situations like these are highly commendable. I know that many victories that have been won over the forces of fragmentation are the direct results of your diligent efforts.

I particularly applaud your attempts to overcome these pressures that would split mental health programs from the rest of community health services to which they are so closely allied.

No, I certainly do not call for the abandonment of these worthwhile efforts. But I do say, that swift, effective action on the part of physicians in leading these new national health programs is of great importance to assure the attainment of the highest possible professional medical standards in these programs and to prevent further inroads by the forces of fragmentation.

Once physicians have clearly demonstrated their intention to throw off their reluctance to lead, once it is seen how much better it is to have medical men and women at the helm of medical service programs, then, I am confident, the way will be paved for consolidation of all health services under health-oriented leadership.

Full cooperation between all the branches of the medical profession--between "town and gown", between public and private--this is the wave of the future. Physicians must not duck this wave but, rather, meet it and ride it out. There will never be a greater opportunity than now for physicians to regain the leadership of the health services they formerly chose to shun. I urge all of you now to seize and make the most of it.

We have learned much in recent decades of medical research. The time has come for us to bring this knowledge out of the laboratory and into the hospitals, to the bedside of every person who has been disabled with cancer, heart disease, stroke and other diseases. The time has come to bring the benefits of modern medicine to our elderly who have heretofore been denied them because of inability to pay.

Congress has shown its clear recognition of these needs. It has acted swiftly and well to meet them. All of us now turn to you and your colleagues--the men and women of medicine to set the machinery going and to work the marvels of which modern medicine is capable.

With physicians in the forefront of the national health programs, fragmentation will be surely doomed. Under the knowledge and guidance of medical men and women, health services will become easily accessible to all who need them. They will improve in quality, and decrease in cost.

We simply have to accept the idea that fragmentation is but a symptom of a lack of effective medical leadership. It will cease only when that leadership is provided--for the ultimate benefit of us all.

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